

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
ARIZONA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	648,016	100%	0	0%	\$1,901,670,843	100%	\$0	0%
Age								
0-3	134,151	21%	0	0%	\$265,745,372	14%	\$0	0%
4-5	48,711	8%	0	0%	\$67,553,753	4%	\$0	0%
6-12	139,896	22%	0	0%	\$200,061,508	11%	\$0	0%
13-18	71,494	11%	0	0%	\$149,965,448	8%	\$0	0%
19-21	28,393	4%	0	0%	\$95,669,664	5%	\$0	0%
22-44	144,672	22%	0	0%	\$466,572,707	25%	\$0	0%
45-64	37,888	6%	0	0%	\$243,600,064	13%	\$0	0%
65 and older	42,811	7%	0	0%	\$412,502,327	22%	\$0	0%
Gender								
Female	391,281	60%	0	0%	\$1,177,466,483	62%	\$0	0%
Male	256,735	40%	0	0%	\$724,204,360	38%	\$0	0%
Race								
White	236,427	36%	0	0%	\$870,182,611	46%	\$0	0%
Black	41,299	6%	0	0%	\$102,711,213	5%	\$0	0%
Hispanic	258,146	40%	0	0%	\$569,183,028	30%	\$0	0%
American Indian/Alaskan Native	92,000	14%	0	0%	\$290,800,706	15%	\$0	0%
Asian/Pacific Islander	5,287	1%	0	0%	\$18,110,067	1%	\$0	0%
Other/Unknown	14,857	2%	0	0%	\$50,683,218	3%	\$0	0%
Dual Status								
Aged Duals with Full Medicaid	33,734	5%	0	0%	\$364,485,382	19%	\$0	0%
Disabled Duals with Full Medicaid	18,147	3%	0	0%	\$158,023,419	8%	\$0	0%
Duals with Limited Medicaid	8,111	1%	0	0%	\$9,435,398	1%	\$0	0%
Other Duals	691	0%	0	0%	\$1,853,002	0%	\$0	0%
Disabled Non-Duals	61,557	10%	0	0%	\$554,871,075	29%	\$0	0%
All Other Non-Duals	525,776	81%	0	0%	\$813,002,567	43%	\$0	0%
Eligibility Group								
Aged	32,447	5%	0	0%	\$347,413,641	18%	\$0	0%
Disabled	92,085	14%	0	0%	\$770,780,539	41%	\$0	0%
Adults	154,030	24%	0	0%	\$338,952,877	18%	\$0	0%
Children	369,453	57%	0	0%	\$444,523,732	23%	\$0	0%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2
 MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
 COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
 ARIZONA, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	0	0	0%	\$0	\$0	0%
Age						
0-3	0	0	0%	\$0	\$0	0%
4-5	0	0	0%	\$0	\$0	0%
6-12	0	0	0%	\$0	\$0	0%
13-18	0	0	0%	\$0	\$0	0%
19-21	0	0	0%	\$0	\$0	0%
22-44	0	0	0%	\$0	\$0	0%
45-64	0	0	0%	\$0	\$0	0%
65 and Older	0	0	0%	\$0	\$0	0%
Gender						
Female	0	0	0%	\$0	\$0	0%
Male	0	0	0%	\$0	\$0	0%
Race						
White	0	0	0%	\$0	\$0	0%
Black	0	0	0%	\$0	\$0	0%
Hispanic	0	0	0%	\$0	\$0	0%
American Indian/Alaskan Native	0	0	0%	\$0	\$0	0%
Asian/Pacific Islander	0	0	0%	\$0	\$0	0%
Other/Unknown	0	0	0%	\$0	\$0	0%
Dual Status						
Aged Duals with Full Medicaid	0	0	0%	\$0	\$0	0%
Disabled Duals with Full Medicaid	0	0	0%	\$0	\$0	0%
Duals with Limited Medicaid	0	0	0%	\$0	\$0	0%
Other Duals	0	0	0%	\$0	\$0	0%
Disabled Non-Duals	0	0	0%	\$0	\$0	0%
All Other Non-Duals	0	0	0%	\$0	\$0	0%
Eligibility Group						
Aged	0	0	0%	\$0	\$0	0%
Disabled	0	0	0%	\$0	\$0	0%
Adults	0	0	0%	\$0	\$0	0%
Children	0	0	0%	\$0	\$0	0%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
ARIZONA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population								
	All Ages		21 and Under		22-64		65 and Older		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Schizophrenia	0	0	0	0	0	0	0	0	0
Major depression and affective psychoses	0	0	0	0	0	0	0	0	0
Other psychoses	0	0	0	0	0	0	0	0	0
Childhood psychoses	0	0	0	0	0	0	0	0	0
Neurotic & other depressive disorders	0	0	0	0	0	0	0	0	0
Personality disorders	0	0	0	0	0	0	0	0	0
Other mental disorders	0	0	0	0	0	0	0	0	0
Special symptoms or syndromes	0	0	0	0	0	0	0	0	0
Stress & adjustment reactions	0	0	0	0	0	0	0	0	0
Conduct disorders	0	0	0	0	0	0	0	0	0
Emotional disturbances	0	0	0	0	0	0	0	0	0
Hyperkinetic syndrome	0	0	0	0	0	0	0	0	0
No Diagnosis	0	0	0	0	0	0	0	0	0
Total	0	0%	0	0%	0	0%	0	0%	0%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
ARIZONA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0	0	0
Male	0-3	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0	0	0
Total	0-3	0	0	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0	0	0

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

**TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
ARIZONA, CALENDAR YEAR 1999**

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0
Male	0-3	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0
Total	0-3	0	0	0	0	0	0	0	0
	4-5	0	0	0	0	0	0	0	0
	6-12	0	0	0	0	0	0	0	0
	13-18	0	0	0	0	0	0	0	0
	19-21	0	0	0	0	0	0	0	0
	22-44	0	0	0	0	0	0	0	0
	45-64	0	0	0	0	0	0	0	0
	65+	0	0	0	0	0	0	0	0
	All Ages	0	0	0	0	0	0	0	0

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
ARIZONA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	0	0	0	0	0	0
4-5	0	0	0	0	0	0
6-12	0	0	0	0	0	0
13-18	0	0	0	0	0	0
19-21	0	0	0	0	0	0
22-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	0	0	0	0	0	0
All Ages	0	0	0	0	0	0

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARIZONA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	0	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	0	0%	0%	0%	0%	0%	0%	0%
Other psychoses	0	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	0	0%	0%	0%	0%	0%	0%	0%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	0	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	0	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	0	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	0	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	0	0%	0%	0%	0%	0%	0%	0%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARIZONA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	0	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	0	0%	0%	0%	0%	0%	0%	0%
Other psychoses	0	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	0	0%	0%	0%	0%	0%	0%	0%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	0	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	0	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	0	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	0	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	0	0%	0%	0%	0%	0%	0%	0%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARIZONA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						More than One Psychotropic Drug Type	No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants			
Schizophrenia	0	0%	0%	0%	0%	0%	0%	0%	0%
Major depression and affective psychoses	0	0%	0%	0%	0%	0%	0%	0%	0%
Other psychoses	0	0%	0%	0%	0%	0%	0%	0%	0%
Childhood psychoses	0	0%	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	0	0%	0%	0%	0%	0%	0%	0%	0%
Personality disorders	0	0%	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	0	0%	0%	0%	0%	0%	0%	0%	0%
Special symptoms or syndromes	0	0%	0%	0%	0%	0%	0%	0%	0%
Stress & adjustment reactions	0	0%	0%	0%	0%	0%	0%	0%	0%
Conduct disorders	0	0%	0%	0%	0%	0%	0%	0%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%	0%
Total	0	0%	0%	0%	0%	0%	0%	0%	0%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).